

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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3-18-19

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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Kane, William, Joseph II woei

LOBBYIST FIRM/EMPLOYER (if applicable)
Strategies 360TELEPHONE
808-524-1100MAILING ADDRESS (No. and Street or P.O. Box)
851 Fort Street Mall, Suite 500

FAX

EMAIL willk@strategies360.com

(City) Honolulu

(State) Hawaii

(Zip Code) 96813

PART II.A ORGANIZATIONNAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)
Reset Public AffairsTELEPHONE
202-349-7279MAILING ADDRESS (No. and Street or P.O. Box)
1030 Fifteenth Street NW, Suite 1080 (West Tower)

FAX

EMAIL lisa@resetpa.com

(City) Washington

(State) DC

(Zip Code) 20007

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS



☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

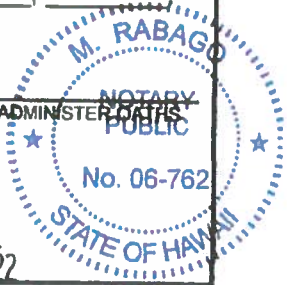
DATE


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY


<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>85 & 89</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE <u>3/19/19</u> DATE	Subscribed and sworn to before me This <u>19</u> day of <u>March</u> , <u>2019</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: Notary Public, First Judicial Circuit, State of Hawaii My commission expires: <u>DEC 17 2022</u>
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**PART V AUTHORIZATION TO LOBBY**

NAME Lisa Camooso Miller		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Partner	
NAME OF ORGANIZATION (if applicable) Reset Public Affairs		TELEPHONE 202-349-7279	
MAILING ADDRESS (No. and Street or P.O. Box) 1030 Fifteenth Street NW., Suite 1080 (West Tower)		FAX	
		EMAIL lisa@resetpa.com	
(City) Washington	(State) DC	(Zip Code) 20007	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) <u>3/19/19</u> (Date)			

Doc. Date: 3/19/19 # Pages: 2
M. Rabago First Circuit
Doc. Description: 2019 Registration

Notary Signature 3/19/19 Date

